

# Emergency Medical Release Form

Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

## EMERGENCY INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Bus Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Bus Phone: \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Bus Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Bus Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I hereby authorize the camp staff to take whatever actions may be necessary to obtain emergency medical care if warranted. These actions may include but not limited to the following; 1. Attempt to contact a parent or guardian; 2. Attempt to contact a parent through any of the persons listed on the emergency card; 3. Call 911 for assistance and have the child transported by ambulance to hospital if recommended by emergency personnel.

I the natural Parent/Guardian of \_\_\_\_\_ hereby authorize any physician or medical staff of a licensed hospital to provide treatment as deemed necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

**SIGNATURE OF PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**SIGNATURE OF PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_